

Before starting VYVGART, it may be necessary to obtain prior authorization (PA) for coverage. Contact the individual payer for PA requirements and clinical coverage guidelines for VYVGART, if available. This checklist is provided as an educational resource for healthcare providers (HCPs) regarding common PA requirements for VYVGART.

A common reason for denial is incomplete or missing information on the PA request form. The following list provides information on submitting a PA request form to ensure comprehensive communication with plans.

Included below are some examples of commonly requested information in a PA for VYVGART:



Indicate whether patient is newly initiating therapy or continuing ongoing therapy.

For patients initiating therapy continue reading below

For patients continuing ongoing therapy only, provide quantitative value where applicable:

- Change in gMG symptoms
- Change in MG-ADL score from pre-treatment baseline
- Change in QMG score from pre-treatment baseline
- Patient not taking concurrently with other biologics for gMG



Verification that the patient meets clinical criteria for the use of VYVGART (include all that apply):

- Anti-AChR+ serology
- MGFA clinical classification class II, III, or IV
- MG-ADL total score of ≥ 5 (>50% non ocular) at baseline



Prescribed by or in consultation with neurologist or other specialist in treatment of gMG in adult patients who are anti-AChR antibody positive



Patient-specific information regarding the diagnosis of gMG

Your office may need to coordinate with other providers to gather all necessary information to submit a PA

- gMG ICD-10-CM diagnosis code (G70.00, G70.01)
- Signs and symptoms (date of onset, severity, progression, comorbidities, etc)
- Diagnostic results possibly including: (chart notes, laboratory tests, clinical improvement on oral cholinesterase inhibitors, anticholinesterase test results, SFEMG or repetitive nerve stimulation test, etc)

Key: AChR – acetylcholine receptor; gMG – generalized myasthenia gravis; ICD-10-CM – International Classification of Diseases, 10th Revision, Clinical Modification; MG-ADL – Myasthenia Gravis-Activities of Daily Living; MGFA – Myasthenia Gravis Foundation of America; PA – prior authorization; QMG – Quantitative Myasthenia Gravis; SFEMG – single-fiber electromyography.

Disclaimer: This guide is for educational purposes and is not comprehensive of all possible or required clinical criteria for VYVGART and is not intended to provide legal advice. Including the recommendations in this guide represents no guarantee, promise, or statement of coverage or reimbursement for VYVGART by argenx. It is the responsibility of the HCP to refer to, check, and comply with payer-specific policies regarding coverage and billing requirements.



Patient-specific treatment plan for VYVGART:

- Initial dosing or retreatment schedule: 10 mg/kg or a maximum dose of 1200 mg per infusion in patients weighing 120 kg and over and cycle start dates not less than 50 days apart



Attestation that patient is not taking VYVGART concurrently with other biologics for gMG or live vaccines



Letter of Medical Necessity—Some payers may require a letter of medical necessity in addition to a PA request. The letter establishes the patient-specific need for VYVGART to treat gMG.



Plans may require a previous trial of 1 or 2 commonly prescribed therapies.

It is important to include start and end date (if applicable), response to, and clinical factors preventing use.

- **Acetylcholinesterase inhibitors**
- **Oral corticosteroids**
- **Non-steroidal immunosuppressants**

Additionally, HCPs should consider attaching, as appropriate, documents that provide additional clinical information to support the VYVGART PA request, such as:

- Patient-specific medical records, chart notes
- Payer-recognized gMG clinical guidelines or published peer-reviewed medical literature
- VYVGART [full prescribing information](#)

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Indication

VYVGART[®] (efgartigimod alfa-fcab) is indicated for the treatment of generalized myasthenia gravis in adult patients who are anti-acetylcholine receptor (AChR) antibody positive.

Important Safety Information

WARNINGS AND PRECAUTIONS

Infection

VYVGART may increase the risk of infection. The most common infections observed in Study 1 were urinary tract infection (10% for VYVGART vs 5% for placebo) and respiratory tract infection (33% for VYVGART vs 29% for placebo). Patients on VYVGART vs placebo had below normal levels for white blood cell counts (12% vs 5%, respectively), lymphocyte counts (28% vs 19%, respectively), and neutrophil counts (13% vs 6%, respectively). The majority of infections and hematologic abnormalities were mild to moderate in severity. Delay VYVGART administration in patients with an active infection until the infection is resolved; monitor for clinical signs and symptoms of infections. If serious infection occurs, administer appropriate treatment and consider withholding VYVGART until the infection has resolved.

Immunization

Immunization with vaccines during VYVGART treatment has not been studied; the safety with live or live-attenuated vaccines and the response to immunization with any vaccine are unknown. Because VYVGART causes a reduction in immunoglobulin G (IgG) levels, vaccination with live-attenuated or live vaccines is not recommended during VYVGART treatment. Evaluate the need to administer age-appropriate vaccines according to immunization guidelines before initiation of a new treatment cycle with VYVGART.

Hypersensitivity Reactions

Hypersensitivity reactions, including rash, angioedema, and dyspnea, were observed with VYVGART. In clinical trials, hypersensitivity reactions were mild or moderate, occurred within 1 hour to 3 weeks of administration, and did not lead to treatment discontinuation. Monitor patients during administration and for 1 hour thereafter for clinical signs and symptoms of hypersensitivity reactions. If a hypersensitivity reaction occurs during administration, discontinue VYVGART infusion and institute appropriate supportive measures if needed.

Adverse Reactions

The most common (≥10%) adverse reactions with VYVGART were respiratory tract infection, headache, and urinary tract infection.

USE IN SPECIFIC POPULATIONS

Pregnancy

As VYVGART is expected to reduce maternal IgG antibody levels, reduction in passive protection to the newborn is anticipated. Risks and benefits should be considered prior to administering live or live-attenuated vaccines to infants exposed to VYVGART in utero.

Lactation

There is no information regarding the presence of VYVGART in human milk, the effects on the breastfed infant, or the effects on milk production. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for VYVGART and any potential adverse effects on the breastfed infant from VYVGART or from the underlying maternal condition.

Please see full Prescribing Information.

You may report side effects to the US Food and Drug Administration by visiting <http://www.fda.gov/medwatch> or calling 1-800-FDA-1088. You may also report side effects to argenx US, Inc, at 1-833-argx411 (1-833-274-9411).

Additional Resources

If you have additional questions about **VYVGART**, please contact **My VYVGART Path** at **1-833-MY-PATH-1 (1-833-697-2841)** where you can be connected to the appropriate resource.

You can access downloadable resources by visiting VYVGARTHCP.com.

